

THE FOLLOWING DOCUMENTS
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SUBJECT:

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Remarks

STAT

Executive Secretary

26 Feb 1988

Date

3637 (10-81)



NATIONAL DRUG POLICY BOARD

Washington, D.C. 20530

FEB 23 1988

FROM: John C. Lawn, Chairman
Intelligence Committee of the
National Drug Policy Board

SUBJECT: National Drug Intelligence Committee Meeting

TO: National Drug Intelligence Committee
(See Distribution)

The next meeting of the National Drug Intelligence Committee will be held on Friday, March 4, 1988, at 2:30 p.m. in the 12th floor conference room of the DEA Headquarters building.

We will review the efforts of the Legal Issues Working Group and the National Drug Intelligence Committee Working Group. We will also discuss the NDIC strategy that is to be briefed by the Attorney General to the Congress in a few weeks. If you have any agenda items, please have a member of your staff contact Tom Byrne on 633-1071.

I look forward to meeting with you on March 4.

Enclosures

cc: Mr. Keating
Mr. Pickens

LIMITED OFFICIAL USE



B-213-11

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A G E N D A

National Drug Intelligence Committee

March 4, 1988

2:30 p.m.

12th Floor Conference Room/DEA Headquarters

- I. Opening Remarks
- II. Status Report from Legal Issues Working Group
- III. Status Report from National Drug Intelligence Committee Working Group
 - A. Composite Statement of Intelligence Needs
 - B. Unclassified Drug Intelligence Strategy
 - C. NDIC Submission to NDPB FY '87 Progress Report
- IV. Summary of 1987 NNICC Report
- V. Referral of IC Staff's Evaluation Report of NNBIS's Intelligence Function
- VI. New Business

Adjourn

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NATIONAL DRUG INTELLIGENCE COMMITTEE (NDIC)

Administrator, Drug Enforcement Administration -- Chairman

Director, Central Intelligence Agency

Commissioner, United States Customs Service

Commandant, United States Coast Guard

Deputy Assistant Secretary of Defense for Drug
Policy and Enforcement, Department of Defense

Director, Federal Bureau of Investigation

Assistant Secretary of State, Bureau of
International Narcotics Matters

Commissioner, Immigration and Naturalization
Service

Director, National Institute on Drug Abuse

Assistant Secretary (Enforcement), Department
of the Treasury

Program Associate Director for Economics and
Government, Office of Management and Budget

Director, Defense Intelligence Agency

Director, National Security Agency

Director, National Narcotics Border
Interdiction System

Counsel for Intelligence Policy, Office of
Intelligence Policy & Review, DOJ

Director of Intelligence Community Staff

ROUTING SLIP

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Remarks

STAT

Executive Secretary

19 Feb '88

Date

3637 (10-81)



NATIONAL DRUG POLICY BOARD

Washington, D.C. 20530

Executive Registry

88-0460X/2

February 17, 1988

Dear Director Webster:

The next meeting of the National Drug Policy Board is set for February 25th at 10:00 a.m., The White House, Room 208. The topic of discussion will be the annual country certification required by the Anti-Drug Abuse Act of 1986. There will also be a briefing on Operation Hat Trick by the Director of NNBIS.

If you have any questions regarding the meeting, please don't hesitate to contact David Pickens at 633-3435..

Sincerely,

David Pickens
Executive Director

Enclosure

The Honorable William H. Webster
Director
Central Intelligence Agency
Washington, D.C. 20505

cc: The Honorable William R. Kotapish



B-213-15


AGENDA
NATIONAL DRUG POLICY BOARD
THURSDAY, FEBRUARY 25, 1988
10:00 A.M. - 11:00 A.M.
ROOM 208, THE WHITE HOUSE

- I. Introductory Remarks - Chairman Meese
- II. Country Certification - Ms. Ann Wrobleski
- III. Unresolved Strategy Issues - Francis A. Keating II
- IV. Congressional Reporting Requirements - David Pickens
- V. Operation HAT TRICK - Mr. Howard Gehring
- VI. New Business

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Remarks

 Executive Secretary

Date

3637 (10-81)

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NATIONAL DRUG POLICY BOARD
Washington, D.C. 20530

Executive Registry

88-0460X/1

February 17, 1988


Dear Director Webster:

Enclosed please find two papers that will be discussed at the National Drug Policy Board Meeting.

1. Treatment Strategy. This paper addresses the questions that were raised at the December 18, 1987 Policy Board meeting.
2. Working Paper: Focus on the User. This paper reflects comments provided both by the Coordinating Group on Drug Abuse Prevention and Health and by the Acting Chairman of the Drug Enforcement Coordinating Group. These papers will be addressed for agreement in concept and endorsement of the process by which to accomplish translation of the concept into specific initiatives and actions.

If you have any questions, please contact me (633-3435).

Sincerely,


David Pickens
Executive Director

Enclosures

The Honorable William H. Webster
Director
Central Intelligence Agency
Washington, D.C. 20505

cc: The Honorable William R. Kotapish



B-213 in

TREATMENT COMMITTEE STRATEGY: FOLLOW-UP REPORT: 2/12/88

- o At its December 18 meeting the Policy Board raised questions about the Federal role in drug treatment, State and local responsibilities, and quality of care. We have reexamined these issues.
- o **Federal Role.** The goal is clear: we are trying to stop all use of illegal drugs. This requires a variety of strategies, one of which must include treatment for those who cannot otherwise stop taking drugs. Effective drug treatment is a necessary element in any comprehensive strategy to reduce the demand for illegal drugs. The present threefold Federal government role in treatment should be maintained: providing treatment dollars to the States to encourage expanding community-based treatment; supporting the development of knowledge about which treatments are most likely to be successful with each type of patient; and transferring knowledge and providing technical assistance.
- o **State and Local Responsibilities.** Under the New Federalism concept embodied in the Block Grant legislation of 1981, individual States have been responsible for determining priorities for treatment. The Policy Board questioned whether the Federal government should play a more active role in setting priorities -- for example, targeting populations (e.g., younger or earlier users; AIDS virus carriers; users in metropolitan areas); drugs (e.g., cocaine; opiates); or treatment modalities (e.g., methadone maintenance; therapeutic communities). That AIDS-infected IV drug users are on waiting lists for drug treatment programs should not be used as a justification for limiting treatment to others. Drug users should be encouraged to seek treatment in early stages of use; and treatment should be available. But it is inappropriate for the Federal government to decide on access to treatment. Federal programs should be designed to encourage different programs to establish different priorities, based upon the local situation.
- o **Quality of Care.** The key question is, "Will treatment make a difference in stopping drug-taking behavior beyond the term of treatment and a brief follow-up period?" Good treatment is an efficient and cost effective intervention; but not all treatment is good treatment. The quality and efficacy of treatment programs should be considerations in determining whether a program receives Federal funds. Accordingly, maximizing the number of persons served should not be the overriding goal of treatment programs. Efficacy, efficiency, accessibility, acceptability to clients, and compliance with accepted standards of care are relevant considerations. The Federal government should decide whether standards of care should be established and if a system should be developed which could monitor and evaluate program compliance, including data collection and inspections. If such a system existed, continuing Federal funding could be conditioned on compliance.

February 12, 1988

FOCUS ON THE USER -- MANAGEMENT ACTION PLAN

I.A. Agree on the concept of focusing on the user, as outlined in the attached "Working Paper: Focus on the User." Agree that changing users' behavior and implementing a policy of holding users responsible is vital to the nation's crusade against illegal drugs. Agree on the general themes:

- o Increase users' motivation to quit drug use by emphasizing not only the health but also the legal, social, and moral consequences: increased risk of civil and criminal sanctions; negative social consequences; social censure; and personal loss. These may include fines; mandatory community service; loss of driver's license and other privileges; loss of job; loss of social status; loss of personal property; loss of opportunities for the future; temporary restrictions on freedom; and, when these are not effective, loss of freedom.
- o Use focus on the user as a prevention tool to encourage non-users to avoid illegal drugs.
- o Gain public endorsement of the concept of the responsibility of non-users to intervene, not to enable, and that there is no middle ground.

B. Agree on the appropriate Federal Role:

- o Provide national leadership and technical and grant assistance.
- o Work as a catalyst in encouraging the efforts of State and local governments and the private sector; monitor these efforts; and report on them.
- o Build models; evaluate them; and disseminate information on successes and failures.
- o Pursue those efforts which focus on holding users accountable which are appropriate to Federal jurisdictions and resources.
- o Promulgate the message of holding users responsible in a variety of forums to a variety of audiences, and encourage public dialogue among all interested parties.
- o Encourage the application of existing Federal, State, and local laws and the development of model State and local legislation.

FEBRUARY 1988 -- NDPB ENDORSES

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II. Charge the lead agencies to work with government at all levels, schools, business and industry, unions, organized religion, voluntary and civic groups, clubs, and professional associations:

- o to gain national acceptance of the concept of holding users responsible;
- o to translate the concept into specific applications and initiatives;
- o to decide on appropriate roles of each of the participants in each of the initiatives; and
- o to develop a process to refine national strategies and implement coordinated and comprehensive responses.

**FEBRUARY 1988 -- NDPB APPROVES ACTIVITY;
LEAD AGENCIES BEGIN WORK**

**APRIL/MAY 1988 -- COORDINATING GROUPS REVIEW
PROGRESS AND INFUSE
RECOMMENDATIONS OF THE
WHITE HOUSE CONFERENCE FOR A
DRUG FREE AMERICA**

**JUNE 1988 -- NDPB REVIEWS PROGRESS AND
ENDORSES**

**AUGUST 1988 -- REPORT TO THE PRESIDENT AND
THE CONGRESS ON WHAT SHOULD BE
DONE TO CONTINUE PROGRESS FOR
THE BALANCE OF THE CENTURY**

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INTERNAL USE ONLY - February 12, 1988

WORKING PAPER:

FOCUS ON THE USER

In 1981, President Reagan launched a comprehensive campaign against illegal drug use, warning that if we fail to act, we are "running the risk of losing a great part of a whole generation." The President's strategy included expanded international cooperation and aggressive law enforcement to reduce the supply of drugs, improved treatment and research to help drug users stop using drugs, and a major national public awareness and prevention campaign to convince non-users to never start drug use. President Reagan stated that we must recognize "that as important as intercepting the drug traffic might be, it cannot possibly equal the results in turning off the customers, the users, and making them take a different course in deciding to no longer be customers."

In the past seven years, significant gains have been made in drug law enforcement, international cooperation, treatment, prevention and community involvement. Today, public attitudes are clearly against the use of illegal drugs and awareness of the many risks of drug use is increasing. The national prevention effort has taken off with its own strong momentum. Individuals and communities, businesses and schools are taking a firm stand against drug use. The number of drug users is down; and increasing numbers of our children are showing us that they are willing and able to say "no" to drugs.

The massive national and international effort, however, has only been partially successful in achieving its ultimate goal -- a drug-free America. Decreasing public tolerance for the illegal use of drugs and a strong national drug education and prevention program have halted the increase in the number of new drug users. The changing attitudes against drugs are expected to significantly reduce drug use in upcoming generations; however, the number of current users remains far too high. Once drug use begins, education and prevention efforts are less likely to be successful. And, as long as drug use continues, the effects of education and prevention on non-users are weakened. At the same time that we continue to focus on education and prevention, we must also provide stronger motivation to convince current users to quit.

"User Responsibility"

On August 4, 1986, President Reagan announced six new goals of a national crusade to build upon what has been accomplished and lead us toward a drug-free America. The President stated, "Our goal is not to throw users in jail, but to free them from drugs. We will offer a helping hand; but we will also pressure the user

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at school and in the workplace to straighten up, to get clean. We will refuse to let the drug user blame their behavior on others; we will insist they take responsibility for their own actions."

The recognition that users must be held responsible for their illegal drug use has been evolving gradually over the last decade and represents a substantial increase in knowledge and experience and a significant change in attitude.

First, we have to overcome an erroneous perception of the drug user as powerless to act against drug availability, peer pressure, or his or her general lot in life. In fact, nearly all drug use starts as a willful act, the market for drugs has a much greater impact upon supply than availability has on demand, and most illegal drug users can choose to stop. Although many will need treatment to reach a state of drug abstinence, many more will quit without treatment if sanctions against use are known to the user and properly applied.

Secondly, we must realize that individual freedom does not include the right to self and societal destruction. Drug use is not a "victimless crime," nor is it a private matter. While we must be concerned with the personal consequences for the individual and his or her family, we must demonstrate equal if not greater concern for the millions of citizens who pay the high price for an individual's illegal drug use.

- o Illegal drug users finance organized crime.
- o They are responsible for a large share of income-generating crime (property crimes, prostitution, mugging, etc.) in our cities and neighborhoods.
- o They are responsible for the illegal drug traffic and the cost of drug law enforcement and eradication of drug crops.
- o They are responsible for significant losses in productivity and significant increases in health care costs.
- o They pose a continuing threat to worker and public safety.
- o They infect non-drug users with their habits and set a bad example for young people.
- o Intravenous drug users are among the principal transmitters of the AIDS virus.
- o The illegal use of drugs is an insidious force for illiteracy, child abuse, poverty, corruption, and a general

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degradation of our society. It is a direct and immediate threat to the structure of our society and our values which, if unaltered, will diminish the quality of life for all Americans.

Finally, we have had to face squarely those things which we have built into our culture that enable illicit drugs to coexist in our society. As citizens and individuals, we are realizing that, although government must do everything possible to help, a solution to the drug problem will only come when each of us gets directly involved in stopping drug use. We are recognizing that we cannot afford to tolerate illegal drugs or their users any time or any place, whether in our home, in our community, at school, at work, or at a party. We are learning the hard way that compassion without intervention for a loved one or co-worker is not compassion at all, but a helping hand down the road to destruction. And we are learning from experience that users must be held socially and legally accountable for their behavior if we are to reclaim their lives and our future.

Illegal Drug Use Can Be Stopped

Previous demand reduction policies have emphasized the health risks of drug use and suggested compassion for the drug user, including ample opportunities to stop drug use and, if necessary, to receive medical treatment. The emphasis on compassion is as it should be. Unfortunately, individuals have great difficulty in changing established behavior, especially when the reinforcing power of drugs tends to override health considerations and the psychological effects of the drugs themselves often conceal the real consequences from the user. Solid accountability for stopping one's own drug use can be an effective stimulus to help individuals overcome drug-using behavior.

A sound policy must, in fact, administer compassion with a firm hand if it is not to "enable" the very behavior which it seeks to avoid. Society can, and should, provide appropriate inducement for individuals to do those things which promote both personal and general welfare despite a wide variety of extenuating circumstances. A basic inducement is provided in the fact that certain substances or acts have been declared illegal and are accepted as unhealthy, immoral and socially wrong. For most individuals, the consequences of violating society's rules are perceived as outweighing any motives for illegal or otherwise unacceptable behavior. When, despite all else, the motives for unacceptable behavior tip the scales in the wrong direction, the individual must be held accountable for his or her wrongful actions or society's rules cease to be effective. When laws are not consistently enforced, they cease to be effective as a deterrent for both the violator and the potential violator.

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Alcoholics Anonymous (AA) maintains that people are not ready to quit drug use until they "hit bottom" -- until the logical consequences of use far outweigh any perceived pleasures of use. Under normal circumstances, severely dependent drug users may not "hit bottom" until they have seriously damaged their health, lost their job, and/or exhausted their financial resources. At this point, drug dependency and related problems are extremely difficult to overcome. We agree with AA that the "bottom" can and should be raised to reach the user long before he or she is physically, socially and economically destroyed by the drug use. Early intervention is much more compassionate than allowing drug use to continue.

The goal of the national crusade for a drug-free America is not to punish the users, but to cause them to stop their destructive behavior and to prevent other individuals from ever starting. Increased knowledge about illegal drugs, greater intolerance for their use, and improved treatment can only do so much. High certainty of discovery for those who ignore the facts about drugs and application of carefully titrated social sanctions and personal loss can be a very effective tool both for preventing drug use and for "raising the bottom" for current users.

The Next Step

A national policy of holding the users accountable for their illegal drug use is the next logical step in the ongoing crusade for a drug-free America. User accountability must be viewed within the existing framework of the national strategy which has significantly improved resources devoted to stopping the supply of drugs, preventing drug use, and rehabilitating individuals who have drug use problems.

The major focus of the national effort will continue to be increased drug awareness and stronger individual attitudes against the illegal use of drugs. User accountability initiatives would provide additional incentives to those individuals who continue to ignore the personal dangers and illegality associated with drug use by increasing the risk of swift and certain sanctions for illegal drug use. Because the ultimate goal is rehabilitation rather than incarceration, sanctions would be carefully titrated to help the user take greater personal responsibility for doing those things necessary to stop using drugs. In addition, the policy would seek to minimize the social and economic cost of illegal drug use paid by individuals who do not use drugs and, in fact, would improve opportunities for those who are drug-free.

As with other elements of the strategy, the Federal role is to provide leadership and assistance, working as a catalyst in

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encouraging the efforts of state and local governments and the private sector, and to pursue those efforts which focus on holding users accountable which are appropriate to Federal jurisdictions and resources.

1. "Arresting" the User

Various jurisdictions across the country have already undertaken efforts to "arrest the users," i.e., to take, the user into physical or administrative custody for the purpose of holding or detaining him or her to answer a criminal charge or civil complaint and, if found guilty or liable, to be held accountable to society for his or her actions. Although it is logistically impossible to apprehend and penalize all illegal users of drugs, the arrest of some will cause many others to quit, especially if awareness of the reality of consequences is widely known.

A large remaining pocket of resistance to the national anti-drug effort is, most dangerously, the occasional users whose drug use has not cost them their jobs or ruined their personal lives and who make others susceptible to illegal drug use. This group of users is primarily made up of "mainstream adults" who have no overriding social, economic or health problems and who continue to use illegal drugs with an acknowledged disregard for the law. "Mainstream adult users" contaminate the workplace with drugs and drug-using behavior, creating a threat to worker and public safety, causing significant losses in productivity, and weakening the American competitive position on the world marketplace. These users often avoid the personal consequences of drug-related crime which they finance because they can usually afford such things as security systems and higher insurance rates -- and most often live away from the areas in which they buy their drugs.

In early stages of drug use, the individual has excellent potential for becoming drug free -- if sufficiently motivated to quit. If not sufficiently motivated, the individual will continue to corrupt society with his or her drug use and continue to invest personal resources in the illicit drug trade. Moderate users form the pool from which progression to more compulsive use occurs; and, if personal resources are exhausted in the process, the economic and moral responsibility for solving the individual's severe drug problems may eventually be laid at society's doorstep.

Occasional drug users would be more effectively motivated to quit if they faced greatly increased risk of sanctions, including fines, seizure of personal property, forfeiture of

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driving and other privileges, compulsory work within the community, restrictions on freedom, mandatory awareness education, or, as a last resort, imprisonment. Sanctions of this nature would be especially effective for the young adult population, which is the major using group for all illegal drugs and the major role models for children.

Also of great concern are severely dependent drug users, who, although significantly fewer in number, consume the largest share of the illegal drugs, suffer and cause the greatest personal problems because of their drug use, and represent the greatest cost in terms of health care and wasted lives. Although the severity of the drug use in these cases often provides motivation for seeking treatment, the individual must have very strong help, in the form of both additional incentives and rehabilitation assistance, if he or she is to overcome drug-related and other problems (e.g., illiteracy, psychological disability, etc.) and remain drug-free.

Policy Initiatives:

- A. Encourage local, state and federal jurisdictions to utilize existing legislation to punish offenders for possession of illegal drugs.
 - Most state laws for simple possession (possession for personal use) of illegal drugs are adequate as a deterrent, e.g., \$500 or \$1,000 fine and up to one year imprisonment for marijuana.
 - The Anti-Drug Abuse Act of 1986 includes a \$1,000 mandatory minimum fine for simple possession, first offense, and mandatory jail time for a second conviction.
 - The federal asset forfeiture provisions found in 21 U.S.C. 881 permit law enforcement officers to seize and forfeit any conveyance carrying drugs, even in trace amounts. When used judiciously, these sanctions send present and potential users a clear signal that illegal drug use is not acceptable.
- B. Build on and improve use of other existing legal authorities and detection/investigation efforts in ways designed to discourage drug use.
 - Conspiracy and forfeiture investigations of drug traffickers may document the illegal buying of

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drugs by users, and these users may be effectively arrested and prosecuted simultaneously with their pushers and distributors without significant expenditure of investigative resources.

- Establish programs for drug users such as New York's Federal Day that target street dealers. Federal officers working with local polices, use an unannounced schedule, arrest low-level dealers and prosecute them using the enhanced penalties in federal statutes.
- Encourage integration of drugged driving programs with drunk driving programs. Expand Los Angeles Police Department training program to other jurisdictions to identify individuals driving under the influence of drugs.
- C. Encourage and utilize comprehensive state anti-drug legislation which includes strict sanctions for illegal drug use, such as the comprehensive anti-drug law enacted by the State of New Jersey in July 1987.
- D. Develop operating procedures to ensure swift and efficient completion of the judicial process.
- E. Encourage the community relations aspects of local police efforts to rid neighborhoods and communities of both illegal drug sellers and users.
- F. Identify model sanctions that work.
 - Fines and community service are effective -- especially when benefits come back into the community.
 - Modified incarceration, such as spending a weekend in a vacant community college dormitory, has been used in the drunk driving program as an alternative to short jail sentences. This provides loss of freedom without the problems of dealing with overcrowded jails.
 - For drugged driving, sanctions should be the same as for drunk driving, e.g., forfeitures of drivers license, fines, jail, etc.
 - Seizure of property (such as vehicles) can be used effectively in limited instances.

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- Violators could be made to pay for, take and pass an extended drug abuse awareness education course, like such courses used for drunk drivers.
 - Sanctions could include a police record which could be expunged with time and good behavior.
 - Jail is a last resort for the occasional user....but should be a real possibility.
 - Individuals formally convicted for drug-related offenses should be required to pay law enforcement and court costs associated with their arrest and conviction, in addition to fines or other sanctions.
- G. Ensure that constructive programs are established in juvenile courts for the disposition and rehabilitation of minor drug users.
- Such programs should seek to increase parental involvement and responsibility and the recognition of the consequences of drug use by the young person.
 - In as many cases as possible, the supplier of the drugs should be identified and prosecuted.
- H. Increase and, most importantly, publicize the risk to users of being detected, arrested, convicted and penalized.

Proposed Actions:

To date, two agencies have proposed specific programs to implement the above policy.

First, the U.S. Customs Service has proposed to extend the "Zero Tolerance" campaign initiated in San Diego throughout all Customs ports of entry. Under the campaign, anyone attempting to smuggle even small amounts of illegal drugs across U.S. borders is arrested and charged with felony importation (21 U.S.C. 952) and misdemeanor possession (21 U.S.C. 844(a)). At San Diego, arrested individuals have been given the option of forfeiting their vehicles to federal authorities, under civil forfeiture statutes, or facing prosecution and subsequent incarceration. Of the 1,200 arrests since December 1986, only one individual has chosen the latter action. In addition, Customs is proposing to implement a public information campaign to create a zero

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tolerance atmosphere in and around Customs areas of jurisdiction.

The Drug Enforcement Administration (DEA) has initiated the design and implementation of a law enforcement demonstration project in several U.S. cities. The project will build upon user accountability initiatives which have already proven their effectiveness, such as the "Zero Tolerance" campaign in San Diego and a special operation against cocaine buyers in Washington Heights, New York. The strategy will emphasize civil penalties such as the forfeiture of vehicles used to facilitate the purchase of drugs as well as the temporary revocation of a user's driver's license. In addition, the strategy could include fines levied according to the amounts and types of drugs found within the possession of a user. The blueprint for this project will result from extensive discussions with local political, educational, business and law enforcement representatives as well as student and parent groups and will be designed to (1) protect the individual's Constitutional rights, (2) have the support of the community, and (3) not overload the criminal justice system.

2. Zero Tolerance for Young People Who Use Illegal Drugs

According to a 1987 survey, over half of all high school seniors try an illegal drug by the time they complete high school. Although this is less than the peak of 64 percent in 1982, it still indicates the widespread nature of drug use among American students, not only in secondary schools and universities, but increasingly in elementary schools. In addition, the survey did not include the 20 percent or more of the Nation's young people who do not complete high school and among whom drug use may be higher.

Drug use by young people establishes a dangerous habit early in life which will be difficult to overcome in adult life. If students are intoxicated, asleep or hung-over, they cannot learn. If they drop out of school, they have lost an opportunity which cannot be restored. If they are tardy or disorderly, they interfere with the ability of others to learn. Illegal drugs and drug users in the school put all students at risk for trying drugs.

The majority of students today disapprove of drug use. In 1987, for example, 97 percent of high school seniors disapprove of regular use of cocaine and 87 percent disapprove of even trying cocaine.

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Secretary of Education William Bennett has said, "When it comes to drugs in schools, my message is a simple one: get them out. In some cases, it may require very tough measures on the part of teachers and principals; for example, it may necessitate expelling students who are drug pushers. Drugs should have no place in the lives of our children."

The first steps towards achieving drug-free schools have already been taken, but the problem of drug use by young people extends far beyond the schools into homes and the community. A major challenge for the next decade will be to reach those young people who are no longer in school or who have more serious drug-related problems than can be addressed by school programs. In all cases, the message that young people, as well as adults, are accountable for their actions will be an important element in stopping drug use by young people.

Policy Initiatives:

- A. Promote greater user accountability throughout society, as outlined elsewhere in this paper.
- B. Continue to encourage aggressive anti-drug programs in the school, including colleges and universities as well as elementary and secondary schools, which include active parental involvement, cooperation with law enforcement, mandatory drug abuse education and counseling, suspensions and, if necessary, expulsions.
- C. Encourage full use of schoolyard rule and Juvenile Justice Trafficking Act of 1986.
- D. Create "drug-free zones," e.g., in recreation areas, parks and schools.
- E. Encourage prosecutors to aggressively prosecute juveniles engaged in illegal drug use and encourage juvenile courts to apply stringent sanctions, together with treatment, for family members as well as juveniles in cases involving illegal drug use.
- D. Encourage the establishment of other measures that deter drug use by young people, such as laws that take away or delay the privilege of driving a car if a young person is caught using drugs.

Additional policy initiatives concerning youth are described under Section 4: Drug-Free Low-Income Populations.

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Proposed Actions:

The Secretary of Education is already a strong advocate of programs to get drugs out of the schools and has implemented effective programs to assist communities in taking action. Other agencies should suggest ways in which they can support the goal of drug-free schools.

For example, the federal law enforcement community could encourage their state and local counterparts to take a leadership role in community efforts to stop illegal drug use in the schools. Of special importance are increased law enforcement efforts around schools to remove drug distributors and stop drug transactions. In addition, law enforcement officials can play an important role in school prevention programs. Successful models include Operation SPECDA in New York City and Project DARE in Los Angeles, both of which involve a joint effort by the local police department and education officials.

The Office of Juvenile Justice and Delinquency Prevention has proposed several programs directed against high risk youth.

3. Achieve Zero Tolerance for Illegal Drugs and Their Users in the Workplace

During the last 25 years, the escalation in illegal drug use has brought drugs to our workplaces, where the combination of modern technology and intoxication or impaired performance and judgment pose significant risks to workers and public safety, security, and the economy.

Increasing numbers of private companies are recognizing from experience that illegal drug use by workers is bad business. Aggressive corporate measures to end illegal drug use, including education, rehabilitation, law enforcement, expulsions and/or dismissals, have met with strong support from workers and the community when workers are convinced that (1) serious problems exist in the workplace as a result of drug use, and (2) anti-drug use programs are fair, reasonable, and non-discriminatory. These measures have also brought significant gains in productivity and reductions in health costs, on-the-job crime, and accidents.

The Department of Defense has been in the forefront of creating a drug-free workplace. The number of military personnel reporting illegal drug use dropped 67 percent between 1980 and 1985 reflecting the Department's aggressive program of testing, education and rehabilitation.

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In September 1986, President Reagan signed Executive Order 12564 to eliminate illegal drugs from the federal workplace and to serve as a model for dealing constructively with drug abuse in the workplace.

At present, over half of the Fortune 500 companies and numerous agencies of the Federal Government are screening for drug use as a condition of employment.

Policy Initiatives:

- A. Continue to encourage strict policies of being drug-free as a condition of employment or continued employment.
- B. Continue to support employer/employee initiatives to rid their workplaces of drugs, including, if necessary, enforcement action and dismissals.
- C. Pursue criminal investigations of drug trafficking within specific businesses whenever possible, such as the recent cocaine investigation involving stock brokers on Wall Street.
- C. Promulgate message to young people that being drug-free is an important prerequisite for future careers.

4. Drug-Free Low-Income Populations

Increased social and economic sanctions may not be as effective for those individuals who are socially and economically disadvantaged; however, these individuals have the same responsibilities to society and the same rights to healthy lives and crime-free neighborhoods as other citizens. To be effective, strong drug-reduction initiatives for economically and socially disadvantaged users should ultimately create more opportunities than they take away.

Policy Initiatives:

- A. Drug abuse awareness, drug use prevention and drug-free incentives should be integrated into job training programs and other work-related government assistance. Whenever possible, job training opportunities should accompany aggressive anti-drug use and trafficking initiatives in economically depressed areas. These issue should be addressed in cooperation with the Low-Income Opportunity Advisory Board (welfare reform),

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drug-free public housing, the job training program, the literacy program, and community action groups.

- B. A major first step in low-income, high-crime areas is to take strong action against the illegal drug pushers and other local criminals who terrorize the citizens. In public housing communities, this could be accomplished by canceling the lease and evicting residents and/or their families upon conviction of a drug related offense. The loss of the home is considered by many to be the most (in some cases, the only) effective deterrent to drug use in low income communities. Exercising zero tolerance in this way would reinforce the concept that public housing is for poor, law-abiding, drug-free people.
- C. Special enforcement initiatives aimed at both pushers and users could be undertaken with a high-visibility program including education and awareness, improved opportunities, and community-building. For example, the Drug-Free Public Housing initiative sought to, first, rid housing developments of the drug criminals through enforcement action and, then, to provide increased opportunities to the tenants for job training, treatment, and community groups such as parents groups and "Just Say No" Clubs.
- D. Promote a strong message that all youth, including those from low income families, are accountable for their illegal behavior when they use drugs.
- E. Of particular concern are young people who perceive that the only way they can escape their low-income status is to traffic in drugs. We should make sure to use the Juvenile Drug Trafficking Act of 1986 against the adults who employ juveniles in drug operations, at the same time we take appropriate action against the youthful offenders.
- F. Increase legitimate opportunities for low-income youth who remain drug-free. In addition to government-sponsored programs, encourage the private sector to develop incentive programs, such as tuition credits and employment opportunities, for these youth in conjunction with an aggressive anti-drug campaign.
- G. To some extent, the more economically-advantaged user who travels to low-income areas to purchase drugs can be made to bear the burden of the crime he or she finances -- penalties for these users could include

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finances which go back into the neighborhood to fight crime and increase opportunities for the residents.

- H. Encourage neighborhood/community initiatives to get drug use and crime out of neighborhoods and improve life for all citizens.

5. Sanctions for Recalcitrant Drug Users in Treatment

In drug abuse treatment, the doctor-patient relationship carries with it responsibilities for both participants. The doctor or treater has social and professional obligations as well as ethical principles to follow. The patient or client has the obligation to attempt to improve, to work with the helper, to work to understand and change the disease condition or disorder that brought them together.

Although recidivism is a part of dependence, numerous studies have shown that a system of sanctions and rewards are effective in assisting drug-dependent individuals in controlling their drug use. For example, in both inpatient and outpatient settings, alcoholics and drug users have been shown to vary their alcohol/drug intake in response to environmental manipulations. With these contracts, money, prized objects, or methadone take-home privileges have been lost when a person shows evidence of drug use, while rewards are given for evidence of no drug use. Sanctions are not so strict as to drive individuals from treatment, but serve to help people from succumbing to temptation and negative peer pressure.

Policy Initiatives:

- A. Enact and enforce progressively strict sanctions for drug users in government-funded treatment who continue to use drugs. Use urinalysis monitoring as a therapeutic tool. Sanctions may include more frequent urinalysis testing or fewer take home privileges.
- B. Expel and, if appropriate, institutionalize treatment clients who have demonstrated that they are not serious about stopping their drug use and make room for in treatment for others.
- C. Enact and enforce strict penalties for drug users in treatment who divert methadone.
- D. Encourage positive reinforcement for drug users who stop using drugs.

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6. Make Being Drug-Free a Condition of Probation or Parole

Drug abuse and crime are closely linked. The purchase of illegal drugs requires, at minimum, association with criminal elements. Severely dependent users must often turn to crime to finance their drug purchases. Finally, drug use may lead to criminal and sometimes violent behavior.

It makes little sense to allow the pre-trial release of drug users who are charged with a crime, to permit convicted criminals to continue to use illegal drugs once imprisoned and to parole or place on probation individuals who are known illegal drug users. Recent studies have indicated, furthermore, that the most active criminals commit fewer crimes when they are free of drugs.

Policy Initiatives:

- A. Encourage the establishment of drug testing and treatment programs in prisons.
- B. Encourage the enactment of regulations that urinalysis and other drug-use indicators must be negative if parole or probation is to be granted.
- C. As a tool of prevention, encourage regulations that those granted parole or probation must submit to mandatory, routine urinalysis and that positive urinalysis will result in revocation of parole or probation.

7. Improved Detection and Treatment of Underlying Psychological and Physical Disorders

The presumption of user accountability holds firm unless conditions over which the individual has no control diminish his or her capacity to exercise self control. There are cases in which serious psychological or physical disorders may impair an individual's normal brain function. When this diminished capacity affects the will, judgment, or decision making, the individual is considered less capable of controlling actions and less responsible for his or her behavior.

Among the behaviors affected is the ability to determine that there is a problem and to seek the necessary help before the individual does serious harm to himself or herself and society. In this regard, the increased focus on the drug user should include the capability to detect those

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individuals whose drug use is only one part of a more serious problem and to refer those individuals to appropriate treatment. In many cases, removing the drug use will significantly help even those patients with other psychiatric disorders.

When it is necessary, mandatory treatment or civil commitment can substitute somewhat for the missing or weak sense of control or responsibility shown by the drug addict who has a serious psychological disorder. Sanctions are intended to put pressure on the person to comply with the requirements for participating in treatment. Whether the external pressure created by such procedures can substitute for the individual's own sense of involvement and motivation is not the question -- the aim is to have external sanctions provide the beginning to a process that may later be taken over by the individual and continued.

Policy Initiatives:

- A. Improve capabilities within the criminal justice and treatment systems to provide early detection of individuals with severe behavioral disorders and to require that those individuals undergo appropriate treatment, including mandatory treatment if necessary.
- B. Improve mandatory treatment capabilities for individuals whose drug use is part of a larger behavioral disorder.
- C. If financial resources are available, the individual undergoing mandatory treatment should be required to pay for such treatment to the extent possible.

8. Promulgate the Message of User Responsibility

Drug abuse awareness messages continue to focus on the health risk to the user, although there have been increased public service messages directed at non-users to "Say No" to drugs. We must continue these efforts but also promulgate a very strong message that users are accountable for their own drug use, as well as most of the drug related crime, accidents, losses in productivity, etc. -- and will be held accountable for their actions.

Proposed Actions:

- A. Develop and widely disseminate a fact sheet on user responsibility. The fact sheet should dispel the myth that drug use is a "victimless crime" and that drug

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users are not responsible for their actions and should clearly identify who the drug users are and what their drug use costs all citizens in our homes, schools, workplaces, communities, and way of life.

- B. Work with a group like the Partnership for a Drug-Free America to produce public service announcements that demonstrate the impact illegal drug use has on all of us and dispel any perception that users are not responsible for their actions -- in fact, most of these individuals are users because they choose to use drugs.
- C. Work with organizations to increase awareness of user responsibility. Organizations should include state and local leaders, educators, publishers, court and law enforcement officials, pharmacists, parents, and others.
- D. Prepare and disseminate a booklet on "Stopping Drug Use in the Community: What Works."

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ROUTING SLIP

TO:

		ACTION	INFO	DATE	INITIAL
1	DCI		X		
2	DDCI		X		
3	EXDIR				
4	D/ICS				
5	DDI	X			
6	DDA				
7	DDO				
8	DDS&T				
9	Chm/NIC		X		
10	GC				
11	IG				
12	Compt				
13	D/OCA				
14	D/PAO				
15	D/PERS				
16	D/Ex Staff		X		
17	NIO/NARC		X		
18					
19					
20					
21					
22					

SUSPENSE

Date

Remarks Mr. Kerr will attend.

STAT

Executive Secretary
16 Feb '88

Date

3637 (10-81)



NATIONAL DRUG POLICY BOARD
Washington, D.C. 20530

Executive Registry

88-0460X

February 12, 1988

Dear Director Webster:

The next two meetings of the National Drug Policy Board are set for February 18 at 9:30 a.m. and February 25 at 10:00 a.m. in the Roosevelt Room. A wide variety of topics will be discussed as the enclosed agendas reflect.

The next four Board meetings have been scheduled for 10:00 a.m. in the Roosevelt Room on March 17, April 21, May 19 and June 23. In addition, we anticipate a meeting with the President in the near future.

If you have any questions regarding the meetings, please do not hesitate to contact me at 633-3435.

Sincerely,


David Pickens
Executive Director

Enclosures

The Honorable William H. Webster
Director
Central Intelligence Agency
Washington, D.C. 20505

cc: The Honorable William R. Kotapish



B-213-iv

AGENDA
NATIONAL DRUG POLICY BOARD
THURSDAY, FEBRUARY 18, 1988
9:30 A.M. - 10:30 A.M.
ROOSEVELT ROOM, THE WHITE HOUSE

- I. Introductory Remarks

- II. User Focus - Dr. D. Ian Macdonald

- III. Regional White House Conferences - Ms. Lois Herrington

- IV. International Update - State Department
 Central Intelligence Agency
 Department of Justice

- VI. Status: Unresolved Strategy Issues
 Mr. Francis A. Keating II

- VII. Congressional Reporting Requirements - Mr. David Pickens

- VIII. New Business

AGENDA
NATIONAL DRUG POLICY BOARD
THURSDAY, FEBRUARY 25, 1988
10:00 A.M. - 11:00 A.M.
ROOSEVELT ROOM, THE WHITE HOUSE

- I. Introductory Remarks
- II. INCSR - Ms. Ann Wrobleski
- III. Hat Trick - Mr. Howard Gehring
- IV. New Business